

(PTO ASSISTANCE)

Tracking #: epm 10/025000 Week Date: 8-29-05

[XRUSH] RESPONSE: _____
See misc comm
Done PALM! Pre Exam Updated
INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
REV 10/04

WELSH & KATZ, LTD.*Attorneys at Law*120 SOUTH RIVERSIDE PLAZA, 22ND FLOOR

CHICAGO, ILLINOIS 60606

TELEPHONE (312) 655-1500

FACSIMILE (312) 655-1501

FACSIMILE COVER SHEET

February 2, 2006

TO:	FROM
Rori Burch	Dan Gurfinkel
Publishing Division	
U.S. Patent and Trademark Office	NO. PAGES, INCLUDING THIS PAGE
	5
PHONE NUMBER	OUR REF.
	8342-86604
FAX NUMBER	YOUR REF.
571-273-9009	U.S. Application No. 10/025,000

COMMENTS:

IF YOU DO NOT RECEIVE ALL PAGES OR ARE HAVING TROUBLE,
PLEASE CALL IMMEDIATELY (312) 655-1500 AND ASK FOR Abby.

***** **CONFIDENTIALITY NOTICE** *****

The documents accompanying this facsimile transmission contain information which may be confidential or privileged and exempt from disclosure under applicable law. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is without authorization and is prohibited. If you have received this facsimile in error, please notify us by collect telephone immediately so that we can arrange for the retrieval of the original documents at no cost to you.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:
Kevin L. Parsons

Serial No.: 10/025,000

Filed: 12/18/2001

For: CUTTING DEVICE

)
)
) Attorney Docket
) 8342-86604
)
)
)
)

RESPONSE TO NOTICE TO FILE CORRECTED APPLICATION PAPERS
(Notice of Allowance Mailed)

Rori Burch
Publishing Division
U.S. Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-0001

Sir:

In response to the Notice to File Corrected Application Papers, mailed January 10, 2006 (copy attached), below is the address for James Boda which was omitted from the Declaration and Power of Attorney submitted by the applicants of the above-identified application:

James Boda
S. 7680 High Point Drive
Merrimac, WI 53561

No further fee or petition is believed to be necessary. Should any fee be needed, please charge our Deposit Account No. 23-0920, and deem this paper to be the required petition.

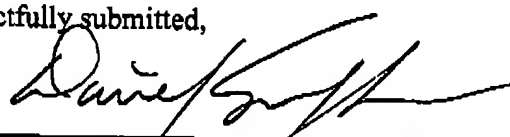
US Patent Application
No. 10/025,000

-2-

The Examiner is requested to phone the undersigned should any questions arise that can be dealt with over the phone to expedite this prosecution.

Respectfully submitted,

By:


Daniel M. Gurfinkel, Reg. No. 34,177

Enclosures:

Notice to File Corrected Application Papers with
address of James Boda

WELSH & KATZ, LTD.
120 South Riverside Plaza, 22nd Floor
Chicago, Illinois 60606
Phone (312) 655-1500
Fax No. (312) 655-1501

CERTIFICATE OF FACSIMILE

I hereby certify that this Communication, in duplicate, the Notice to File Corrected Application Papers is being facsimile transmitted to the Patent and Trademark Office at Facsimile No. 571-273-9009 on the date shown below:

Dated: February 2, 2006


Abigail Boone

**UNITED STATES PATENT AND TRADEMARK OFFICE**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Serial Number
10025000

Date Mailed
1/10/06

NOTICE TO FILE CORRECTED APPLICATION PAPERS***Notice of Allowance Mailed***

This application has been accorded an Allowance Date and is being prepared for issuance. The application, however, is incomplete for the reasons below.

Applicant is given 30 days from the mail date of this Notice within which to correct the informalities indicated below. A failure to reply will result in the application being ABANDONED. This period for reply is NOT extendable under 37 CFR 1.136 (a) or (b).

- ♦ Inventor's residence/postal address is missing from the oath/declaration/ADS for the 2nd inventor. Fax missing information to number below or e-mail.
 - o For status updates visit <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR System, contact the Electronic Business Center (EBC) toll free at 866-217-9197.

APPLICANT MUST SUPPLY MISSING INFORMATION WITHIN 30 DAYS OF THE MAIL DATE OF THIS NOTICE.

A copy of this notice **MUST** be returned with the reply. Please address response to Commissioner for Patents P.O. Box 1450
Alexandria, VA 22313-1450

A handwritten signature in black ink, appearing to read "Rori Burch", written over a horizontal line.

Rori Burch
USPTO
Publishing Division
Rori.burch@uspto.gov
Fax (571) 273-9009
Fax (703) 308-6642
703-305-0333 ext.135 (V)

FEB. 2. 2006 3:50PM

WELSH & KATZ LTD

NO. 9827 P. 5

Full name of second joint inventor: James Boda

Inventor's signature: James Boda

Residence:

Citizenship: United States

Post Office Address:

Date: 2.16.2006

- 3 -

MCDONNELL BODEN
PATENT & ATTORNEY
300 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8498

SERIAL NUMBER 10/025,000	FILING OR 371(c) DATE 12/18/2001 RULE	CLASS 030	GROUP ART UNIT 3724	ATTORNEY DOCKET NO. 86604
------------------------------------	---	---------------------	-------------------------------	---

APPLICANTS

Kevin L. Parsons, Appleton, WI;
 James Boda, Merrimac, WI;

**** CONTINUING DATA *******

This application is a CIP of 09/419,412 10/15/1999 PAT 6,349,472 *
 (*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** **** SMALL ENTITY ****
 04/11/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	STATE OR COUNTRY WI	SHEETS DRAWING 4	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 3
--	---	-----------------------------------	--------------------------------	-------------------------------	------------------------------------

ADDRESS

24628

TITLE

CUTTING DEVICE

FILING FEE RECEIVED 715	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
---------------------------------------	---	---